



MERRIMACK FIRE DEPARTMENT
FIRE PREVENTION
OIL BURNER HEATING UNIT PERMIT
OFM-FRM-002

Tax Map _____
Parcel _____
Permit Fee: _____
Total \$ _____
☐ Paid with Permit
☐ Cash
☐ Check # _____
Official Use Only

Job Location: _____
Property Owner _____ Phone # _____

Description of Work: ☐ Commercial ☐ Residential

☐ See attached Documents/ Plans

- ☐ RESIDENTIAL 1 OR 2 FAMILY \$30.00 EACH UNIT
☐ ALL OTHER APPLICATIONS \$100.00 EACH UNIT
☐ NEW ☐ REPLACE OIL TANK ☐ REMOVE OIL TANK
NUMBER OF TANKS _____ ☐ TEMPORARY DIESEL FUEL TANK Size (gal.) _____

Specific Appliance (Check All that apply)

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Oil Tank | <input type="checkbox"/> Oil Line | <input type="checkbox"/> New Boiler | <u>Required Protection</u> |
| <input type="checkbox"/> Hot Air Furnace | <input type="checkbox"/> Replace Oil Burner | | <input type="checkbox"/> Bollards # _____ |
| <input type="checkbox"/> Unit Manufacturer _____ | Make _____ | | <input type="checkbox"/> 1/2 " GWB <input type="checkbox"/> Sprinkler Head |
| <input type="checkbox"/> Model # _____ | Series # _____ | | <input type="checkbox"/> Tie Downs (In Flood Zone) |
| <input type="checkbox"/> Replacement of Existing Tank - Type _____ | Make _____ | Model # _____ | |
| <input type="checkbox"/> Conversion: From _____ | To _____ | | |

Installer: _____
Company: _____
Address: _____
City _____ ST _____ Zip _____

NH State License # _____
Contact Phone #: _____
Signature _____
* Provide appropriate current NH license with Photo ID

Inspection of Oil Tanks, Furnaces, Burners and Lines Required after Installation is in Place.

***** **24 HOUR NOTICE IS REQUIRED FOR INSPECTION** *****

(603)-424-3690

- ☐ I Certify that I have the authority to sign for the property owner listed above, and will be installing all the work according to the state of NH adopted building codes.
- ☐ I Certify that I am the owner of the property listed above, and will be installing all the work according to the state of NH adopted building codes.

Signature of Applicant

Signature of Owner

APPROVED BY: _____
Authorized Signature _____ Date _____

CALL DIG SAFE (888) 344-7233 IT'S THE LAW